

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534509

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	/		/			
4		3	/			
5	1		/			
6	1		/			
7	1		/			
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TOTAL IND.	/		/			
TOTAL DEP.	22	↔	20	↔		
TOTAL CLAIMS	23	██████████	21	██████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		██████████		██████████		██████████